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forms if more than one signature is required, see below*

Signature

Date 1/10/09

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record. Registration Number 34,406

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Application Number

12/19/2000 CORRESPONDENCE ADDRESS Filing Date Application Robert Callaghan First Named Inventor 2454 Art Unit Address to: Commissioner for Patents Haresh N. Patel Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 2000P07532 US Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: 28524 OR Firm or ~ Individual Name Elsa Keller Intellectual Property Department Address Siemens Corporation 170 Wood Avenue South City State Zip 08830 Iselin NI.I Country Telephone **Email** This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the:

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